



## PREPROPOSAL STATEMENT OF INQUIRY

**CR-101 (June 2004)**

(Implements RCW 34.05.310)

Do **NOT** use for expedited rule making

**Agency:** Department of Social and Health Services, Health and Recovery Services Administration, Medical Assistance

**Subject of possible rule making:**

WAC 388-543-1100 Scope of coverage and coverage limitations for DME and related supplies, prosthetics, orthotics, medical supplies and related services

WAC 388-543-1150 Limits and limitation extensions

WAC 388-543-1600 Items and services which require prior authorization

WAC 388-543-1700 When MAA covers rented DME

WAC 388-543-2000 Wheelchairs

WAC 388-543-2800 Reusable and disposable medical supplies

**Statutes authorizing the agency to adopt rules on this subject:**

RCW 74.04.050 and 74.08.090.

**Reasons why rules on this subject may be needed and what they might accomplish:**

The department is making the following changes:

- Correcting cross references;
- Changing all references to "MAA" to "the department;"
- Clarifying the department's coverage of a speech generating device, wheelchair, and/or specialty bed for clients in a nursing facility;
- Removing lice comb from list of covered products because these combs are included with the "nontoxic gel" which is covered;
- Clarifying prescribing requirements for dual-eligible clients;
- Clarifying the department's policy on client's use of a combination of products; and
- Adding and removing items from the covered services list.

During the course of this review, the department may identify additional changes that are required in order to improve clarity or to update policy.

**Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies:**

None

**Process for developing new rule (check all that apply):**

- ☐ Negotiated rule making
- ☐ Pilot rule making
- ☐ Agency study
- ☒ Other (describe)

**How interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication:**

(List names, addresses, telephone, fax numbers, and e-mail of persons to contact; describe meetings, other exchanges of information, etc.) Contact:

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**DATE**

January 25, 2007

**NAME (TYPE OR PRINT)**

Jim Schnellman

**SIGNATURE**

**TITLE**

Chief, Office of Administrative Resources

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